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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonapplications under 37C.F.R. §1.53(b))

**APPLICATION ELEMENTS**  
*See MPEP chapter 600 concerning utility patent application contents.*

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original, and a duplicate for fee processing)*
2.  Applicant claims small entity status  
See 37 CFR 1.27
3.  Specification [Total Pages 20]  
*(preferred arrangement set forth below)*
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (*if filed*)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [Total sheets \_\_\_\_\_]
5.  Oath or Declaration [Total pages 3]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR §1.63(d))  
*(for continuation/divisional with Box 18 completed)*
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- 6..  Application Data Sheet. See 37 CFR 1.76

Attorney Docket No.	PC9940D
First Inventor	Dennis M. G. Dek
Title	Azithromycin Combination for Emesis Control in Mammals
Express Mail Label No.	EV245637124US

**ADDRESS TO:**  
 Mail Stop Patent Application  
 Commissioner for Patents  
 Box 1450  
 Alexandria, VA 22313-1450

7.  CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
*(if applicable, all necessary)*
  - a.  Computer Readable Copy (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies)
    - ii.  Paper
  - c.  Statement verifying identity of above copies

 U.S. PTO  
 10/666908  
 091803

<b>ACCOMPANYING APPLICATION PARTS</b>		
9.	<input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10.	<input type="checkbox"/> 37 CFR 3.73(b) Statement	<input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
11.	<input type="checkbox"/> English Translation Document ( <i>if applicable</i> )	
12.	<input checked="" type="checkbox"/> Suppl. Information Disclosure Statement (IDS)/PTO-1449	<input checked="" type="checkbox"/> Copies of IDS Citations
13.	<input checked="" type="checkbox"/> Preliminary Amendment	
14.	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
15.	<input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
16.	<input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17.	<input type="checkbox"/> Other:	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.

 Continuation     Divisional     Continuation-in-part (CIP)    of prior application No. 10/226,994
Prior application information: Examiner Elli Peselev, Group/Art Unit: 1623

For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number	28523	<input type="checkbox"/> Correspondence address below	
Name			
Address			
City	State	Zip Code	
Country	Tel phon	Fax	
NAME (Print/type)	Martha G. Munchhof	Registration No. (Attorney/Agent)	47,811
Signature	<u>Martha G. Munchhof</u>		Date <u>9-18-03</u>

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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# FEE TRANSMITTAL

## for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small status. See 37 CFR 1.27

Total Amount of Payment

(\$834)

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money  Other  None  
 Order
  Deposit Account:

Deposit Account Number	16-1445
Deposit Account Name	Pfizer Inc

## The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

## Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	750
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	filing fee	

Subtotal (1) \$ 750

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	15	- 20 =	0 x 18 = 0	
Independent Claims	4	- 3 =	1 x 84 = 84	
Multiple Dependent			280 = 0	

## Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue independent claims over original patent

SUBTOTAL (2) (\$ 84)

\*Reduced by Basic Filing Fee Paid

Subtotal (3) (\$ 0)

(Complete if applicable)

## SUBMITTED BY

Name (Printed/Type)	Martha G. Munchhof	Registration No.	47,811	Telephone	(860) 715-4288
Signature	M.G. Munchhof			Date	9-7-03

Warning: Information on this form may become public. Credit card information should not be included on this form. Please credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 137 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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